



<b>FEE TRANSMITTAL</b> <b>For FY 2006</b> Fees pursuant to Consolidated Appropriations Act. 2005 (H.R. 4818)	<b>Complete if Known</b>	
	Application Number	10/620,207
	Filing Date	July 15, 2003
	First Named Inventor	Harold Cohen
	Examiner Name	Kurt C. Rowan
■ Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3643
<b>TOTAL AMOUNT OF PAYMENT</b>	(S)1045.00	Attorney Docket No. 030449.00003

**METHOD OF PAYMENT** (check all that apply)

- ☐ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_
- Deposit Account    Deposit Account Number: 08-2442    Deposit Account Name: Hodgson Russ LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    ☐ Credit any overpayments

**WARNING: Information on this form may become public. Credit card information should not be included on this form.**  
**Provide credit card information and authorization on PTO-2038.**

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**    **Multiple Dependent Claims**

-20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**

-3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**    **Extra Sheets**    **Number of each additional 50 or fraction thereof**    **Fee (\$)**    **Fee Paid (\$)**

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification,    \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Appeal fee and Extension of Time fee (four months)    \$1045.00

<b>SUBMITTED BY</b>		
Signature		Registration No. (Attorney/Agent) 42,475
Name (Print/Type)	John M. Del Vecchio	Telephone 716-856-4000
		Date April 24, 2006

Express Mail Mailing Label Number ER 951264540 US    Date of Deposit April 24, 2006

I hereby Certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office To Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1460.

John M. Del Vecchio  
Name

Signature

April 24, 2006  
Date of Signature